

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

09/909344

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.10(a))		
TOTAL CLAIMS (37 CFR 1.10(c))	minus 20 *	*
INDEPENDENT CLAIMS (37 CFR 1.10(b))	minus 3 *	*
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$ _____
X \$ _____ *	
X \$ _____ *	
+ \$ _____ *	
TOTAL	

RATE	FEE
	\$ _____
X \$ _____ *	
X \$ _____ *	
+ \$ _____ *	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	36	36	1
Independent (37 CFR 1.16(b))	3	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
X \$ _____ *	
X \$ _____ *	
+ \$ _____ *	
TOTAL ADD'L FEE	

RATE	ADDI- TIONAL FEE
X \$ _____ *	
X \$ _____ *	
+ \$ _____ *	
TOTAL ADD'L FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))			
Independent (37 CFR 1.16(b))			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
X \$ _____ *	
X \$ _____ *	
+ \$ _____ *	
TOTAL ADD'L FEE	

RATE	ADDI- TIONAL FEE
X \$ _____ *	
X \$ _____ *	
+ \$ _____ *	
TOTAL ADD'L FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))			
Independent (37 CFR 1.16(b))			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
X \$ _____ *	
X \$ _____ *	
+ \$ _____ *	
TOTAL ADD'L FEE	

RATE	ADDI- TIONAL FEE
X \$ _____ *	
X \$ _____ *	
+ \$ _____ *	
TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3

** If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20"

*** If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3"

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1

This record is a public information and is not to be used by 37 CFR 1.16. The information is required to obtain or retain a benefit by the person which is to be paid by the USPTO (e.g., fees) and/or, if applicable, if eligibility is governed by 35 USC 1.12 and 37 CFR 1.14. This collection is necessary to pay 12 months to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FILES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

For more assistance in completing this form, call 1-800-PTO-9199 and select option 2